

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/031636

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				1
3		1				1
4		2				1
5		0				1
6		0				1
7		0				1
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
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24		0				
25		0				
26		0				
27		0				
28		0				
29		0				
30						
31		1				
32		1				
33		2				
34		0				
35		0				
36		0				
37		0				
38		0				
39		0				
40		0				
41		0				
42		0				
43		0				
44		0				
45		0				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.		↓		↓	3	↓
TOTAL DEP.		↓		↓	4	↓
TOTAL CLAIMS					7	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53		2				
54		0				
55		0				
56		0				
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS